STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	Office use only
NAME OF COMMITTEE (in	(Check if name Example: If typying is changed) over the lines	
Fraternity & S	prority Political Action Committee	
ADDRESS (number and	PO Box 3435	
(Check if address is changed)	Alexandria	VA 22302
	CITY▲	STATE▲ ZIP CODE ▲
(Check if address is changed)	L ADDRESS (Please provide only one e-mail address) dotterm@yahoo.com	
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)	www.fratpac.org	
 DATE	1 0 2 0 0 9 TION NUMBER C C00410068	ED (A)
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is true Treasurer Margee Clancy	, correct and complete
Signature of Treasurer	Electronically Filed by Margee Clancy	Date 04 / 10 / Y Y Y Y Y Y
NOTE: Submission of fa	se, erroneous, or incomplete information may subject the person signir ANY CHANGE IN INFORMATION SHOULD BE REF	
Office Use Only	For further inf Federal Electio Toll Free 800-4	124-9530 (Revised 02/2009)